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Atty Docket No. 015114-068600US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Stacy Whitmore

Group Art Unit 2825

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FOR THE PERSONAL ATTENTION OF
EXAMINER Stacy Whitmore

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Michael D. Hutton, Application No. 10/718,978, filed November 20, 2003 for TECHNIQUES FOR USING EDGE MASKS TO PERFORM TIMING ANALYSIS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-9 Pages

Number of pages being transmitted, including this page: 13

Dated: March 9, 2006


Andrea S. Beck

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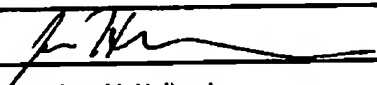
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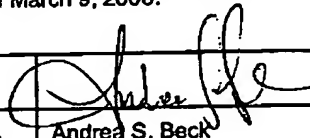
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/718,978
	Filing Date	November 20, 2003
	First Named Inventor	Hutton, Michael D.
	Art Unit	2825
	Examiner Name	Stacy Whitmore
	Attorney Docket Number	015114-068600US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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Printed name	Jonathan M. Hollander		
Date	3/9/06	Reg. No.	48,717

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